



TEXAS DEPARTMENT OF CRIMINAL JUSTICE
DIRECT DEPOSIT AUTHORIZATION

Section 1 EMPLOYEE INFORMATION

Social Security Number _____ Unit/Dept _____

Name _____ Work Phone _____

Section 2 FINANCIAL INSTITUTION FOR ACCOUNT(S)
(completion by representative from financial institution is recommended)

The primary account must be set up at 100%. (If there is a secondary account, this will be 100% of the remaining net pay after the deposit to the secondary account.) If the primary account is cancelled, and the employee has a secondary account, the secondary account must be cancelled entirely.

Primary Account (SP1)

- New Account Change Financial Institution Change Account Number Change Account Type
- *Cancellation of Account *(Financial institution representative name and signature not required.)

Name of Financial Institution			
Representative's Name (please print)			
Representative's Signature			Phone Number
Routing Number		Account Number	
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Percent 100%

The secondary account must be set up using a whole dollar amount.

Secondary Account (SP2)

- New Account Change Financial Institution Change Account Number Change Account Type
- *Cancellation of Account *(Financial institution representative name and signature not required.) Change Amount

Name of Financial Institution			
Representative's Name (please print)			
Representative's Signature			Phone Number
Routing Number		Account Number	
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount

Section 3 AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION OF DIRECT DEPOSIT

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the State of Texas to my financial institution electronically. I understand that the Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Comptroller's office will comply at all times with the National Automated Clearing House Association's rules. For further information on these rules, please contact your financial institution.

Will these payments be forwarded to a financial institution outside the United States? YES NO

Signature _____ Date _____

Mail to: TDCJ Payroll Processing Department, PO Box 4015, Huntsville, TX 77342-4015 or FAX to: (936) 437-8644

INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION

Under Ch. 599, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or telephone number listed on this form.

TRANSACTION TYPE

Section 1: Employee Information

- Enter your 9-digit Social Security Number
- Enter the Unit or Department of assignment
- Enter your name
- Enter your work telephone number

Section 2: Financial Institution(s) for Account(s)

The primary account must be set up at 100%. If the primary account is cancelled, and the employee has a secondary account, the secondary account must be cancelled entirely.

The secondary account must be set up with a whole dollar amount.

➤ PRIMARY ACCOUNT AND/OR SECONDARY ACCOUNT

- **Check the appropriate transaction(s)**
 - **New Account**
 - a) If employee is adding a primary account, secondary account, or both, employee completes Sections 1 and 3.
 - b) Financial institution representative(s) should complete Section 2.
 - **Change Financial Institution**
 - a) Employee completes Sections 1 and 3.
 - b) Financial institution representative(s) should complete Section 2.
 - **Change Account Number**
 - a) Employee completes Sections 1 and 3.
 - b) Financial institution representative(s) should complete Section 2.
 - **Change Account Type**
 - a) Employee completes Sections 1 and 3.
 - b) Financial institution representative(s) should complete Section 2.
 - **Change Amount (SP2 only)**
 - a) Employee completes Sections 1, 2 and 3.
 - **Cancellation of PRIMARY ACCOUNT (SP1) ****(Financial institution representative(s) name and signature not needed.)
 - If employee wishes to stop direct deposit to the PRIMARY ACCOUNT (SP1), complete Sections 1, 2 and 3. (Please note: Cancellation of PRIMARY ACCOUNT (SP1) only cancels the direct deposit to the PRIMARY account, not the SECONDARY account.)
 - If the primary account is cancelled, and the employee has a secondary account, the secondary account must be cancelled entirely.**
 - **Cancellation of SECONDARY ACCOUNT (SP2) ****(Financial institution representative(s) name and signature not needed.)
 - If employee wishes to stop direct deposit to the SECONDARY ACCOUNT (SP2), complete Sections 1, 2 and 3. (Please note: Cancellation of SECONDARY ACCOUNT (SP2) only cancels the direct deposit to the SECONDARY account, not the PRIMARY account.)

Section 3: Authorization for Setup, Changes, or Cancellation

- The employee must sign and date the form.
- No alterations to this section will be allowed.
- Submit the original copy to TDCJ Payroll Processing Department, P O Box 4015, Huntsville, TX 77342-4015 or forms may be faxed to (936) 437-8644. Retain a copy for your records. Questions can be referred to the Payroll Processing Department at the above address or by telephone at (936) 437-6984.